	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 29, 96, 63, 60, 60, 60, 60, 60, 60, 60, 60, 60, 60													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	TITY	OR	OTHER SMALL E		-
TOTAL CLAIMS			30					RAT		FEE		RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	EE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$ 9≕			OR	X\$18=	180	
INDEPENDENT CLAIMS			H minus 3 =		•			X40=			OR	X80= ·	ঠিত	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT		· 🛛			+135=			OR	+270=		1
* If 1	h difference	in column 1 is l	ess than zer	o, ente	r "0" in c	olumn 2		TOTA	7		OR	TOTAL	970	,
	C	* 11° 2.	AMENDED - PART II (Column 2) (Column 3)					SMA	LL E	ENTITY	OR	OTHER		7
MTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST (BER OUSLY FOR	PRESENT EXTRA		RAT		ADDI- TIONAL FEE		RATE	ADDI TIOILA FEE	
OME	Total	· 29	Minus	2	D	=		X\$ 9	::-		OR	X\$18=		
AMENDMENT	Independent	. 3	Minus	***	4	-]	X40	_		OR	X80=		٦
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135			OR	+270=		1
											OR	TOTAL	ACTOR	V .
		(Column 1) (Column 2) (Column 3)							FEE]~	ADDIT. FEE		\exists
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADD TION/ FEE	/L
MENDMENT	Total	. 29	Minus		30	=		X\$ 9) =		OR	X\$18=	1	
MEN	Independent	. 3	Minus	***	4	= \		X40	<u>-</u>		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	TIPLE DEPENDEN			L	+13	1		OR	+270=		
• •								ADDIT.	TAL FEE		OR	ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)								<u></u>	٠.			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADD TION FEE	AL
ĮŽ	Total	•	Minus	**		=		X\$ 9) <u> </u>		OR	X\$18=	: "	
	Independent	•	Minus	***		-	1	X40	=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	 5=		OR			
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL			
		imber Previously P imber Previously Pa mber Previously Pa	i_:	e ebaci	Cie leee fh	27 10100 F 0c	-					AUDIT. FEE		

FORM PTO-875 (Rev. 8/00)

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